DOCUMENT RESUME

ED 210 374 UD 021 867

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TITLE	A Guide to Multicultural Drug Abuse Prevention: Needs Assessment. Series Booklet.
INSTITUTION	National Inst. on Drug Abuse (DHHS/PHS), Rockville, Md. Div. of Prevention and Treatment Development.
REPORT NO	DHHS-ADM-81-1122
PUB DATE	81
CONTRACT	271-78-4626
NOTE	66p.; For related documents, see UD 021 868-871. Some tables may be marginally legible due to small size type.
EDRS PRICE	MF01/PC03 Plus Postage.
DESCRIPTORS	*Community Programs; *Drug Abuse; Drug Rehabilitation; Drug Use; *Minority Groups; *Needs Assessment; *Prevention; *Program Development

ABSTRACT

This guide is designed to help planners of drug abuse prevention programs for minority groups to assess the specific needs of their communities. Covered are: (1) sources of and methods of acquiring statistical and background information; (2) community survey techniques; (3) developing problem statements; (4) choosing a remedy; (5) writing a position paper; and (6) generating goals and objectives. (Author/APM)

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NATIONAL INSTITUTE ON DRUG ABUSE

A GUIDE TO MULTICULTURAL DRUG ABUSE PREVENTION: NEEDS ASSESSMENT

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UD021867

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Public Health Service
Alcohol, Drug Abuse, and Mental Health Administration

This booklet was prepared for the Prevention Branch, Division of Prevention and Treatment Development, National Institute on Drug Abuse, by the Center for Multicultural Awareness, Development Associates, Inc., Arlington, Virginia, under Contract No. 271-78-4626.

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Single copies of this booklet are available from the National Clearinghouse for Drug Abuse Information, P.O. Box 1701, Washington, D.C. 20013 or from the Center for Multicultural Awareness, 2924 Columbia Pike, Arlington, Virginia 22204.

DHHS Publication No. (ADM) 81-1122
Printed 1981

PREFACE

The booklets in this resource guide were designed to provide information about concepts, techniques and strategies that can assist minority* communities in developing and evaluating drug abuse prevention programs to meet the specific needs of their neighborhoods, barrios, reservations, and towns.

These booklets are not "how to" publications. Every community, when viewed in terms of its needs, preferences, financial resources, and most importantly, inner strengths, is unique. There are no standard blueprints to address the needs of each ethnic community. The members of the community must work closely together to find solutions to common problems. We hope that these booklets will provide some guidance to beginning the process of community involvement in drug abuse prevention.

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*the words "minority" and "ethnics of color" will be used interchangeably in this booklet. Many people feel that the term "minority" refers to a status of powerlessness within the system, and thus prefer "ethnics of color."

HOW TO USE THIS BOOKLET

This booklet, the second in a series of six, presents information on the conduct of community needs assessments. It points out some things to be aware of when planning a prevention program, and what resources are available. This booklet can be especially helpful when used in conjunction with Booklet 6: Evaluation. When developing an evaluation design (which must begin in the earliest planning stages) it is important that the needs assessment and evaluation complement each other.

The six booklet series A Guide To Multicultural Drug Abuse Prevention is made up of:

Booklet 1: Introduction
Booklet 2: Needs Assessment
Booklet 3: Strategies
Booklet 4: Resources
Booklet 5: Funding
Booklet 6: Evaluation

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"Everyone thinks he is unique and special, so you must treat him as if he's special--and you are right in doing so because he is."
Dr. Paul Fejos

I. THE PURPOSE OF THIS GUIDE

This booklet addresses a process for identifying the unique issues and problems in developing minority group drug abuse prevention programs. It is designed to encourage a thoughtful approach to program development that takes into consideration the interrelationship between culture and psycho-social* functioning, and secondly, to increase your working knowledge of how to translate ideas into programs through:

- Needs assessment and problem identification; and
- Selecting and writing program goals and objectives.

In addition you may use this booklet as a tool for:

- guiding group planning and decision making;
- developing new programs;
- rethinking old programs;
- writing proposals and project reports; and
- demonstrating (when negotiating for resources and support) that you are knowledgeable and organized in your thinking and actions.

* psycho-social refers to the psychological development of the individual in relation to the social environment.

The last point is important economically and politically. With the increasing demand that prevention efforts provide evidence of cost and program effectiveness, demonstrating deliberate program development practices can mean the difference between survival or demise of a program.

II. INTRODUCTION

The development and funding of drug abuse prevention programs by and for minorities of color has lagged significantly behind the need, despite the disproportionate numbers of non-white Americans who are exposed to the classic psychological and social conditions that contribute to drug abuse.

The majority of treatment and prevention interventions, suitable for the dominant culture, ignore the reality of diverse and unique cultures and their relationship to social and psychological functioning. As a result, active and committed minority leaders increasingly have applied pressure at the State and Federal levels to direct attention to cultural factors in the development, implementation, and evaluation of drug abuse prevention programs. The point being made is that minorities exist in unique social and psychological contexts which shape attitudes, values, behavior, view of self and world and that these contexts must be integrated into the development, implementation, and evaluation components of programs.

The contexts are not as simple as the gross categorization of the major racial/ethnic groups into Hispanics, Asian American/Pacific Islanders, American Indians/Alaskan Natives, and Blacks; the degree of social and psychological acculturation, socio-economic status, age, sex, color, geographical region, national origin, religion, and other factors further define the diversity and complexity of the cultural contexts.

These complexities must be carefully considered in addressing problems and needs: selecting foci for primary and secondary prevention efforts; designing or adapting strategies; generating participant and program-centered outcome objectives; and evaluating the process, outcome, and impact of the intervention. The difficulties inherent in advocating multicultural prevention programs that are truly responsive when applied "across the board" must therefore, be recognized and addressed. While it is true that certain shared experiences of economic and political oppression, stereotyping and institutional racism exist, as well as certain survival skills, it must be recognized that minority groups manifest great differences from each other and from the dominant society in lifestyles, tradition, cultural norms, etc.

Therefore, the mistake must not be made of believing that

minority prevention planners can create a generalized multicultural approach (see Booklet 3: Strategies). Prevention strategies directed toward the individual, family, school, or community institutions that are developed and implemented by persons who identify with and are intimately aware of the subtleties of the underlying patterns of a particular socio-cultural group are most likely to contribute to a successful program. Appendices 2 and 3 depict and discuss elements which should be taken into consideration when planning multicultural programs.

"It makes little sense to be on our way if we have no way of knowing when we've arrived." *Don Kolbert*

III. THE PROGRAM DEVELOPMENT MODEL

The following model organizes the tasks and steps of program planning and development into an easily understood process that can be used by community groups or organizations. These tasks and steps are outlined in greater detail in Figure 2 on Page 29.

Phase I. Analysis and Planning

Phase II. Program Goals and Objectives

Phase III. Program Implementation Plan

Phase IV. Evaluation

The initial phase, Analysis and Planning, includes all activities through which questions are asked; and information is acquired and analyzed for the purpose of determining the direction that program planning efforts will take. During this phase, the problem(s) to be tackled are clarified and clues gathered about how to solve them. The process that is typically used to achieve this is problem identification or needs assessment.

The second phase, Generating Program Goals and Objectives, is the job of selecting or developing program strategies that "fit" the target population. Goals and objectives are statements about how the program intends to go about eliminating or minimizing the problem. They can be, and usually are, both client/participant-centered and program-centered, and establish the basis for the design of evaluation efforts.

Phase III, Implementation Plan; and Phase IV, Evaluation, are only touched on in connection with Phase I and II since they are detailed elsewhere in this series (see Booklet 3: Strategies and Booklet 6: Evaluation.)

IV. ANALYSIS AND PLANNING

A. A Place to Start

In our daily lives all of us are problem solvers and program developers. While we may not call it program development, each of us uses some procedure for identifying problems and creating remedies that will either make the problem go away or that will minimize its effect in our lives. This is done with varying degrees of sophistication and conscious awareness. Problem solving ventures start in several ways:

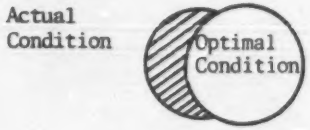
- Someone brings up a problem and asks that something be done to fix the situation.
- Some part of the environment makes evident its need for improvement.
- You become enmeshed in a series of problems (intentionally or not).

Experience shows that problems are rarely clearly defined, or easy to solve. Nevertheless, it is a fearless human tendency to leap at a remedy or solution long before the problem is clearly grasped. But if effective solutions are to be found that either eliminate a problem or minimize its effect, you must be able to:

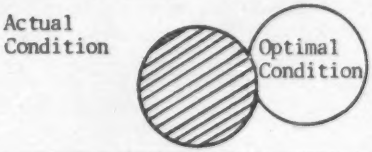
- discriminate between a problem and a symptom;
- gather information about the situation and analyze it;
- hypothesize what the situation would be if the problem were eliminated or its effects minimized;
- define the situation as it is now, based on available information; and
- define the problem situation.

The definition can be depicted as the following:

Problem Free Condition
or
Acceptable Degree of Deviance



Problem Condition or Unacceptable Degree of Deviance



Symptoms vs. Problems

The temptation to generate solutions before having a firm grasp of the problem has been noted. This booklet may help you do the looking before leaping by giving you things to consider in your program design.

Symptoms (sometimes called indicators) are signals that a problem exists; they can go unnoticed or uninvestigated until certain conditions are satisfied, i.e., someone or some group experiences an unacceptable degree of psychological, social, or economic pain, discomfort, or tension. Therefore, a problem is "an actual condition or situation that someone or some group defines as an unacceptable quantitative (too many or too few of something) or qualitiative (better or worse) deviance from an optimal or desired condition." It is a condition or situation that somebody believes needs improving by eliminating it or, at the least, reducing/minimizing its effects.

The optimal condition, whether explicit or implicit, is the ideal or problem free situation which may or may not represent one objective standard that is universally shared. This is the key to this discussion because each culture, each people establishes its own criteria for optimal conditions and for determining when an actual situation deviates unacceptably. For instance, marijuana may be entirely acceptable as a recreational drug among the West Indians in New York but entirely unacceptable in a middle income Japanese community less than a mile away.

Here is an example of the definition model being used to discriminate between a problem and a symptom:

Indicator or Symptom

Months after child makes new friends, he shows noticeable weight loss, reduced ability to memorize.

Optimal Condition

Child makes new friends and maintains proper weight range, ability to memorize.

Problem Condition

Months after child makes new friends he shows drastic weight loss and clear impairment of memory.

At this point, you only know that the degree of weight loss and impairment of memory are defined as problems. You don't have any information about other implications of this particular problem such as the effect the boy's condition may have on his parents or school work. You also do not know possible reasons for his condition such as participation in inhalent abuse with his friends. Without additional data about the problem condition, you are likely to propose solutions that don't work. Remedies are no better than the information on which they are based!

The following is an example of a group "shooting from the hip" at an ill-defined problem.

Bettye Smith, Tony Marco, Patricia Sanchez and Kenneth Richards met socially one evening after work. Tony, Patricia, and Kenneth are junior high school teachers and volunteers at a community multi-services center where Bettye is the program coordinator. The school and the center serve a large low-income community of Blacks, Puerto Ricans, and Italian Americans. Bettye lives in the community, the other three live just outside its geographical boundaries. They each grew up in the community. The group has come to a shared realization that something must be done to help the kids in the community who have dropped out of school and seem to have little to do but hang out on street corners and at the local pinball parlor.

Bettye thinks that her center should start a drop-in center that kids can come to for supervised activities during the day. She thinks she might even get a volunteer to do a "Black Awareness" program. She's fairly aggressive in presenting her ideas and believes that she can convince the multi-services center Program Director to go along with her ideas. The others are not entirely convinced that Bettye's ideas would solve the problem. Tony wants to solve the problem as much as the others but he isn't willing to move so quickly to set up a program.

Initial identification of the problem area requires answers to the basic question of who? what? where? when? and why? as well as such related questions as how many? how big? how much? etc. In the cited example it is obvious that the group had not reached an understanding of the problem. No one knew for sure that a drop-in center wouldn't be appropriate for the group of young people but more information certainly was needed before reaching that decision. Their next logical step should be to gather as much information about the problem as their resources will allow. This step is called problem identification or needs assessment.

Needs assessment does not occur in a vacuum. The group obviously needed more information before moving ahead with planning. The next step then is that of problem analysis, the basic methods of which are questioning and comparing. If Bettye and her colleagues missed this step, they ran the risk of creating a program that will have no impact on the problem.

B. NEEDS ASSESSMENT: A Way of Getting to Know the Problem

There is no consistent agreement among social science researchers or planning specialists on the definition of needs assessment or on the best approaches. There is essentially no agreed upon "state of the art," partly because needs assessment procedures do not belong to any one discipline. Nevertheless, the following definition may be workable and useful at the local program level:

Needs assessment is an applied research activity through which descriptive information is acquired about the nature of the specific kinds of problems experienced by segments of populations for the purpose of documenting needs for service and for planning program intervention.

Needs assessment, therefore, is a method that:

- identifies the nature of the problem for a particular target population, and
- determines that there exists a need for service which responds to the cause of the problem.

In a minority community, where the need for services may be all too obvious, conducting a needs assessment study may look a little like taking ice to the Arctic. This is one reason for defining the needs assessment process for prevention program development as a way of getting to know the problem better. Primary prevention, if it is to reach its mega-goal of improving the quality of life, must address the issues of oppression and institutional racism that contribute to the lifestyles, physical living conditions, and limited opportunities for equal participation in the American mainstream by ethnic and racial minorities. Keep in mind that addressing

these issues means more than recognizing and, in essence, accepting their existence. It means identifying what the problems are, through needs assessment, and uncovering and using a community's or neighborhood's resources to meet those needs. Pragmatism is a watchword because the resources to solve problems are often difficult to obtain, whether in terms of money, cooperation or even a shared concern. Remember, however, that people can be a community's finest, most effective resource.

1. Reasons For Assessing Needs

Let's reexamine some reasons why needs should be assessed:*

- Is the problem being examined actually a problem for the population being considered? Who thinks so? For example, one community started a treatment program aimed at adolescent heroin users, only to find that few adolescents in that community used hard drugs.

- How many people of certain characteristics (age, sex, race, ethnic background, income level, occupation, etc.) experience the problem, locally, regionally, or nationally?

- What is the community's and the target population's view of the problem and its needs? There is increasing support for communities to assess their own problems and to design their own programs, sometimes with assistance from a community Prevention Specialist, who is preferably someone who identifies with the community or cultural group.

- Are there clues to the causes underlying the problem or to the way problems are related? Needs assessment may suggest how to intervene by providing information about the causes of certain problems.

- Are particular problems prevalent in, or limited to, a certain group (indicating either a greater need or fewer services in that group)? For example, new immigrants have few informal supports and even fewer formal services, e.g., Vietnamese immigrants may require services not needed by other minorities.

- What are the resources within the community which may help deal with the problem? Needs assessment should help identify current and potential resources which may be useful in combating the problem. It should

* Portions of this discussion have been adapted from Program Development: A Manual for Organizational Self-Study developed and published persuant to NIMH/HLW Contract No. HSM-4272-143, 1975, by Judith Blanton, and Sam Alley of Social Action Research Corp. (SARC).

also reveal the constraints that may work against solving the problem.

- Is another agency providing needed services or could it provide them? The services may be available but, the community is unaware of them; they may be inadequate in scope or quality; the demand for service may exceed the agency's resources.

  The population may choose not to use the services for reasons particular to that group. For example, an Alcoholics Anonymous chapter was established in a major city by and for Indians but at the end of six months there were no Indians attending meetings because white members were attending in numbers that increased weekly.

2. Planning a Needs Assessment Study

A needs assessment project can be a complex affair, requiring extensive resources and technical expertise, or it can be a fairly simple, manageable project conducted by a small program or community group with limited resources. Even an individual with plenty of energy and commitment can conduct an assessment adequate enough to get assistance from foundations or funding agencies.

The usual procedure is that a group or task force of interested volunteers or agency personnel has been brought together to plan and conduct a needs assessment study. Aside from a high level of interest and commitment, the group should be familiar, through training or personal experience, with the socio-cultural patterns and leadership of the community.

A caution is offered: simply because someone is of the same racial or ethnic group is no guarantee of identity with or necessarily awareness of the subtleties of that particular group. A Puerto Rican raised in a middle class environment with little or no contact with the problems of the barrio Nuyorican is not likely to identify very readily with that group. This is a good argument for involving community participants and even target population representatives in this stage of identifying and understanding the problems.

a. Start With What You Know and What You Don't Know

Once the group is assembled, it is both important and helpful to talk about the problem (a situation that needs improvement) as you perceive it. You will want to clarify at least what you understand about the present situation and how it deviates from what you believe to be the optimal situation. The group members doubtless will have many perspectives to share on the nature of the problem, how and why it occurred, what should be

done to change the situation, and what will happen if things don't change. These opinions will be shaped by the diversity in individual members' values, attitudes, professional orientations, and so on. Your group should use whatever interaction process that is effective in allowing members of the group to share their understanding of the problem. When it has been established that there are in fact common issues/concerns that the group is willing to investigate further, you are prepared to enter a more structured planning session for conducting the needs assessment study.

b. Establish a Goal for the Need Assessment

As with any program, your needs assessment will require goals; otherwise you will find yourself inundated by information that isn't useful for your purposes. Goals and objectives will provide a framework and direction. For example, a goal may be: generate information about the needs of Brownsville area Asian American parents in understanding the American youth culture and how to communicate more effectively with their teenage children about drug abuse.

In determining the goal of the needs assessment the following questions will be helpful in creating an initial focus. Add to the list if you think important items have been missed.

- What do you want or need to know?
- Why do you need to know it?
- How will you use the information?
- Where can you find the information?
- How do you obtain each kind of information? What methods, of those available, should be used?
- How can the data be compiled and analyzed?
- Who else should be involved in the research? Individuals? Agencies? How should they be involved?
- How much will it cost? Where will the funds come from?
- How much time are you willing or able to spend on the project?
- Will technical consultants be needed? Where are they to be found? Is there money to pay for such services?

- How will all this finally be pulled together? What will happen to the findings?

c. A Tool for Generating Information Needs

Brainstorming with a group is a good way to generate a list of most, if not all, the necessary information, getting as much from a group as possible. When they have exhausted their ideas, make a new list that eliminates duplications and notions that cannot be implemented by your group. This consolidates your information needs into one final list leading to the next planning steps.

A Needs Assessment Study Tasks and Steps (see Appendix 1) will assist you in identifying the major tasks and each step necessary to reach your goal. Such an Action Plan will help you to define:

- what needs to be done and how to reach your goal;
- who is going to do each task;
- when it will be done;
- what will indicate that it has been completed; and
- the final outcome of each task.

When the content and organization questions have been answered, you should have a needs assessment document. While this document will be helpful as a basis for getting at the questions, it is your experience and knowledge that will be the surest guide.

V. CONDUCTING THE NEEDS ASSESSMENT STUDY

At this point you have a plan that specifies 1) the goals of your study, and 2) the tasks and steps necessary to collect the information you require.

This section provides hints about where to get information (data sources) and ways of getting it (methods of collection).

The accepted approaches to the assessment of needs are:

KEY INFORMANT APPROACH: Soliciting views, opinions, and facts from key informants in the community.

SURVEY RESEARCH APPROACH: Surveying selected populations in the community (survey research).

RATES-UNDER-TREATMENT APPROACH: Analyzing institutional records to determine rates-under-treatment (socio-demographic characteristics of health and mental health clients).

SOCIAL INDICATOR APPROACH: Inferring and estimating service delivery needs from descriptive statistics found in public records and reports. (Caution is advised here. While some indicators are valid for the Anglo American culture or even for some other ethnic cultural group, they may not be for your target population).

Each approach has both advantages and disadvantages. The choice of a method should be controlled by:

- the kind of information wanted and the plans for the information;
- the availability of personnel with data gathering and analyzing skills;
- the availability of time and financial resources; and,
- the availability of data processing equipment.

A. Where and How to Get Statistical and Background Information

Depending upon your needs, there are many general sources of statistical data and other information at the local, State and Federal level. For example:

1. Clearinghouses:

   - National Clearinghouse for Mental Health Information (part of the National Institute of Mental Health).
   - National Clearinghouse for Drug Abuse Information (part of the National Institute on Drug Abuse).
   - National Clearinghouse for Alcohol Information (part of the National Institute on Alcohol Abuse and Alcoholism).

   These clearinghouses can provide a) published research studies, statistical summaries, special reports, and monographs on a variety of topics related to the special area of emphasis; b) referrals to other sources of information; and c) information on incidence and prevalence studies, which might be incorporated into the background materials of your proposal or program plan.

2. State Agencies:

   - Single State Agencies for Drug Abuse Prevention (SSA's)

- State Mental Health Agencies (SMHA)

Both are required to conduct some form of state-wide needs assessment for establishing program priorities. Your State Prevention Coordinator can assist you with gathering this information.

3. Public Records and Professional Reports

- Professional journals;
- Census data (from the City, County, or State government);
- School records;
- Social Service agencies; and
- Resource centers and libraries.

B. Other Sources of Data

The following, which have in common easy administration, require that you develop some method for collecting the information; therefore, the sources and recommended approaches will be discussed together:

- community representatives and key informants;
- target population representatives; and
- existing community resources.

1. Community Representatives and Key Informants

The selection of representatives in the community is a function of what you need to know. Communities are vastly different; they come in all shapes, sizes and demographic characteristics. The character of a community's life, its ethnicity, lifestyles of its residents, etc. may give clues to your best, and hence, key informants.

- In communities where religion and church-going play an important role, the local priest, minister (preacher), or other religious authority figure will be an important source of information.
- Community agency staff and other professionals who interact with community residents will be extremely helpful.

- Employees or community residents who frequent social gathering places of the target population, such as pinball parlors, pool halls, bars, discotheques, playgrounds, parks, rock shows, recreation centers, popular "hang outs" and so on, may be useful.

- Parents and other family members are good sources of information.

- Tribal councils or designated leaders for urban and reservation Indian groups; in certain highly organized ethnic communities, revered groups such as elders, spiritual people, etc., must be consulted.

2. The Target Population

Sources for facts, opinions, and impressions of the problem depend on earlier defined needs. Always assume that you need information from representatives of your target population as well as others in the community. For example, if you are interested in finding out why kids are skipping school, the truants are one of your best sources of information although they obviously will not be unbiased.

The target population respondents can be chosen systematically or as convenient for planners. A systematic approach might be to determine, through census tract or other population data, how many people in a certain geographical area meet your requirements and survey a percentage of that number. If you have few resources, you may identify the target group more quickly through schools, recreation centers, contacts "on the street," churches, or local hangouts.

3. Existing Community Resources

Tap such resources as:

- human services professionals and agencies that could serve your target population;

- a published directory of social service agencies for a geographic area;

- interagency coordinating groups or councils;

- organizations or agencies that deliver services primarily to a specific racial or ethnic group, e.g., the Buffalo North American Indian Cultural Center, Washington, D.C. Harambee House, the Center for Black Awareness, the United Farm Workers Association, etc. If your group is representative of the

population to which you would provide services, ethnic/cultural specific organizations should be enormously rich sources of information.

NIDA's Center for Multicultural Awareness (CMA) and PYRAMID are also information resources for abstracts of ethnic/race specific programs and types of needs assessment surveys that have been conducted in various parts of the country.

C. Community Survey Techniques

When you have decided what you want from which community resource, you are ready to gather the data. The three most common methods used in surveys to gather information are:

- telephone and mail surveys;
- person to person interviews; and
- self-administered questionnaires.

They are slightly different but the basic format is the same; each employs a series of questions asked of a respondent.

1. Telephone and mail surveys are much less effective in low-income communities than person to person interviews or self-administered questionnaires in a structured group/individual situation. However, they can be an effective method for gathering information from the community organizations and agencies.

2. Person to person interviews with key informants, target population members and community residents is one of the most effective survey methods. The relative disadvantages are that they can be time consuming, and usually will require trained interviewers.

   The advantages of well trained community interviewers are: their ability to quickly translate nuances of messages (verbal and non verbal), their facility in the particular language of the community, their greater ability to establish a climate of trust with the interviewee, their ability to integrate (where necessary) non-directive "natural" conversation in the interview, and finally, their ability to convey a sense of shared understanding of the "social reality" between themselves and the interviewee. Selective door to door interviewing by a well-trained community interviewer can provide critical information about how residents think and feel about common problems.

3. Self-administered questionnaires can be combined with other survey techniques, under certain conditions, to gather

information. It would not be appropriate in communities where the incidence of functional illiteracy is high or used in a community where acculturation is minimal. The questionnaire should be translated into the first or preferred language.

Social Consideration for Community Data Gathering

Social considerations for data gathering in the community are important. Minority prevention planners are not always residents of the communities in which they develop programs. The following reminder, while obvious to most, should not be forgotten in the press of events: if you are not a community resident and can easily be identified as such, it would be useful, if not necessary to enlist intermediaries to break the ice or actually collect the data. This can be done by interviewers who are close to the respondents in socio-economic class, age, racial/cultural group and language or who are from the community. It is beneficial to involve a core group of individuals from the community in assessing the appropriateness of items before releasing the questionnaire.

The Survey Questionnaire

You need information that a well constructed questionnaire (also called an interview schedule or instrument) can get for you. The following guidelines are suggested:

- Questions/items should reflect only that information which you feel is required of the specific populations (return to your original list for this information).
- Use as few questions as possible to collect the information. Completion time should not exceed ½ hour.
- Questions of the fixed alternative or forced choice type (closed) are preferable for your purposes because of the ease with which responses can be recorded, counted, and analyzed. However, several open-ended questions can be used where it is difficult to anticipate the range of possible responses. (See Appendix 4).

If you have no experience with questionnaire construction and are consequently uneasy about developing one, you may wish to:

1) Request technical assistance in developing your questionnaire from:
   - your State Prevention Coordinator;
   - NIDA, the CMA, PYRAMID;
   - a local college or university (sociology or social

psychology departments are a place to start); or

- your local health and welfare agency.

- If you do use technical specialists for assistance, avoid the "do-me-something" pitfall by working directly with them to learn as much as you can about how survey instruments are constructed, then use this knowledge to develop your own survey.

  Involvement of local community interviewers in the construction of question and response items does require time for training and survey development activities (such as interview simulations) but the returns are well worth the effort: increase in independence and judgemental capabilities in stressful interview situations, increase in motivation due to "ownership" in the survey process, increase in confidence and familiarity with the instrument, and finally, insurance that the "social reality" of the community is reflected in the survey.

2) Obtain a copy of the Drug Abuse Instrument Handbook: Selected Items for Psychosocial Drug Research from the National Clearinghouse on Drug Abuse Information (5600 Fishers Lane, Room 10A-56 Rockville, Md. 20857, free). The handbook contains 40 instruments (questionnaires) classified into four major subdivisions with approximately 40 subcategories, such as:

   - demographic variables,

   - interpersonal variables,

   - intrapersonal variables,

   - drug variables.

   Items that match your information requirements can be used as a guide to developing your questionnaire. The drug use survey instruments may be particularly useful. The primary drawback is that many of these instruments were validated on a white, usually middle class population. Each instrument gives this information, so read the validation details before selecting one.

Non-Survey Techniques

These relatively quick and inexpensive needs assessment techniques can be employed along with the survey techniques discussed above. Non-survey methods can be used to: 1) sort out which of the conditions are the most

appropriate for program development, 2) generate hypotheses to explore with more quantitative methods, and 3) provide a real opportunity for involving the community in defining its problems and needs. They are:

- The community forum
- Workshops or meetings
- Key informant impressions

a. Community Forum

A community forum is an open meeting. Its purpose is to give the community members an opportunity to air their views and feelings about a particular issue, such as drug abuse among their young people. A forum may last three to four hours in which as many people as possible express their views on a single issue. Decisions are rarely made at the forum. This method is therefore most useful for gathering impressions, rather than hard data, about a particular problem from community residents, i.e., holding a community forum in a predominantly Chicano community to gather information on the specific needs of new immigrants in order to plan for essential services.

The forum approach could also be used with the target group to generate information about how they perceive a particular issue, e.g., invite young people who live in an urban community to share their views of drug use.

b. Workshops or Meetings

In this method, selected individuals are asked to share their views on specific problems and/or possible solutions in a structured setting. They may be key informants, people knowledgeable about the community and its problems such as religious leaders or other formal and informal community leaders.

While there are a number of ways to run this kind of workshop or meeting, the nominal group, or Delbecq technique (see Appendix 5) is very effective for getting many different and creative ideas from a group while still ensuring everyone an opportunity to participate.

It would be informative to employ the nominal group approach with three different groups: community

residents, key informants, and the target population and then to compare the results from each group.

Traditionally, both Anglo and non-white low income community residents tend to have low expectations in their ability to influence the power establishment to respond to their needs. Workshops and community forums represent initial processes for involving them in defining their own problems and needs. It is imperative that this not be an "exercise in community involvement" but rather a first real step in recognizing the community's right to influence what happens within its boundaries.

c. Key Informant Impressions

In this method, a group of key informants are invited to a meeting to share their views about a problem as it specifically affects the target population you have selected. For instance, if you have chosen Chicano males 12 - 15 years old as a target population for some type of prevention activity, you may wish these knowledgeable persons to identify and comment on the problem components that they consider most important to address in developing a prevention strategy.

Finally, it is very useful and less costly if the collection of needs assessment data, particularly data on the target population, is viewed as serving two purposes. First, in the needs assessment, these data are used to identify problem areas. Second, the same data can be used as baseline data on the target population for the outcome and/or impact evaluations. Some of the same data collection methods can be used for both the needs assessment and the outcome and/or impact evaluations so that the data are comparable, and, therefore, changes can be measured.

Figure 1 presents a hypothetical situation which follows the process described thus far.

Figure 1: SAMPLE NEEDS ASSESSMENT PROCESS

INITIAL AWARENESS OF PROBLEM:	Recent drug use survey reveals that ___% of ___ Chicano males surveyed in Southwest City's high schools report regular use of 1 or more psychoactive drugs. State agency statistics reveal that 10 of every 25 (40%) clients in alcohol and drug abuse treatment programs are Chicano males.
OPTIMAL CONDITION:	No more than 1 in 20 Chicano males at Southwest City High Schools report regular drug use.
PROBLEM CONDITION:	How to reduce drug use among Chicano male adolescents
POSSIBLE REMEDIES:	Initiate a primary prevention program of some type for Chicano boys, age 6 - 12. Initiate an early intervention program for self reported casual or experimental users up to 18 years old.
QUESTIONS FOR DATA COLLECTION:	What specific environmental conditions are contributing to the situation? What psychological or developmental conditions are contributing to the situation?
ASSESSMENT GOAL:	To gather facts, information and impressions about social and/or economic conditions in the community and about the physical and psychological development of this group that may be contributing to the rate of drug use and abuse.
DATA GATHERING METHODS:	• Survey questionnaire administered door-to-door to a sample population to determine the community's response to drug abuse among adolescents and how they think the problem might be handled. • Evening workshop with selected high school students, recovered addicts, and those currently in treatment to define the problem situation from their perspective and what they identify as needs (nominal group approach). • Meeting of selected community and agency representatives to gather their impressions of the problem and to hypothesize environmental and intra/interpersonal conditions that may be contributing to the problem.

- Administer a questionnaire to a sample of boys 6 - 12 and 13 - 19 that measures 1) attitudes toward drug use, 2) interpersonal variables and 3) intrapersonal variables i.e., self-esteem, problem-solving ability etc.

- Review statistical data and any available studies that will reveal information about patterns of drug abuse among Chicano males.

VI. RESULTS OF YOUR INVESTIGATION

You now have information from others, as well as your own investigation and you should now know:

- What selected key informants or knowledgeable people in the community think;
- What representatives of the target population and/or community residents believe, think, or feel;
- What selected studies and/or statistical data reports exist; and
- What you think and feel about the problem.

The information will probably fall into four categories:

- drug use indicators, e.g., drug type and demographic characteristics;
- problem behavior indicators, e.g., crime rates, vandalism, school drop out rates;
- psychological or developmental characteristics, e.g., interpersonal skills, aspects of family interaction, etc., and
- social or economic conditions, e.g., persistent unemployment, racism, etc.

The drug use indicators and problem behavior indicators will give you more information about the extent of the problem area.

The psychological or developmental characteristics and social or economic conditions will suggest causative factors. However, each type of information must be evaluated in the specific cultural context. Interpersonal skills, expressions of self-concept, male and female role identity, family interaction patterns, and so on manifest quite differently in various socio-cultural groups than in the dominant culture.

A. Developing Problem Statements

The task now is to translate your needs assessment data into problem statements. One effective way of proceeding is to group your data into categories as follows:

ENVIRONMENTAL CONDITIONS

Negative (constraints)

- marijuana is easy to obtain inexpensively from older boys.

Positive (enabling)

- the community is interested in interrupting the pattern of drug abuse.

INTRAPERSONAL CONDITIONS/FACTORS

Negative (constraints)

- 82% of boys 10 - 12 years report attitudes favorable to marijuana use.

Positive (enabling)

- Projected program results

INTERPERSONAL CONDITIONS/FACTORS

Negative (constraints)

- 85% of parents expressed difficulty in exercising control over their sons ("he just doesn't listen to me anymore," or "I can't control him," etc.)

Positive (enabling)

- (Projected program results)

Negative conditions in each category may be posed as a factor contributing to the problem situation (hypothetical causes). The positive conditions are factors that can be built upon when instituting a program. The negative conditions (hypothetical causes) can be restated as problem statements:

- 87% of 100 boys 10 - 12 years old who were surveyed, report attitudes favorable to marijuana use and anticipate trying the drug in the near future.

- 80% of the boys aspire to gang membership, like most of the older boys in their neighborhood.
- Drug use is a norm in each of the loosely formed gangs in the community.
- Marijuana is relatively inexpensive and readily available in the schools and on the streets.
- Parents express feelings of confusion about how to discipline or exercise control over their sons.
- Community residents surveyed expressed a "resigned tolerance" toward the use of drugs.

Any one of these perceived problems represents a possible area for a program intervention. For many, institutional or systemic change will represent the most viable course of action. For others, intervention at the level of the family, social group, or individual to build on existing strengths and to strengthen systemic survival skills will be the most reasonable approach.

Now that problem statements have been developed, ask yourself these questions: Has your investigation of the problem yielded sufficient information for continued planning? Is your perception of the problem shared by others? Does the descriptive data that you have collected support your initial estimate of the problem and need? What do your respondents believe to be the causes of the situation? What solutions have been suggested to either eliminate the situation or to minimize its effects?

Problem statements often present a challenge to even the most imaginative program developer. It would be helpful to work as a group to brainstorm possible ways of either eliminating or minimizing the effects of each identified condition.

The brainstormed ideas should include:

- the apparent service need (e.g., drug awareness program, family strengthening intervention, etc.)
- to whom would the service be provided (e.g., youth in grades K-6, parents of children 6 - 12 years old, etc.)
- where (community center, church, school)
- when (after school, M-F)

- by whom (project staff, volunteers)
- what is the expected outcome (boys in program will not report perceiving marijuana or other drug use as positive).

B. Choosing a Remedy

The brainstormed ideas typically will fall into two broad categories: programs targeted to the personal and social development of the individual, and programs targeted to the economic, cultural, or political environment. (See Booklet 3: Strategies.) The ideas may also further be defined as different kinds of strategies: information, education, alternatives, early interventions, and social action. But you cannot address them all: some of the problem statements and suggested remedies will not be in your interest area; others may be beyond your resource capability; still others may be unrealistic for you to attempt. Whichever process you use in selecting a preliminary remedy or program strategy, it should be deliberate and based on sound information.

You may want to conduct a systematic review of studies done by professionals, such as psychologists, social workers, sociologists, etc., that have researched causes of the problems you have found through your needs assessment. Additionally, you may want to review programs or strategies that have been used successfully by others in meeting similar needs. Sources such as the National Clearinghouse for Drug Abuse Information, mentioned earlier in this booklet, can provide this information. Such research findings and successful programs can provide supporting evidence for the selection of the strategy you choose.

Following is a list of criteria that should be considered in the selection process:

- solutions suggested by the research and other successful programs
- organization goals and objectives
- availability of resources (staff, physical space, money, etc.)
- community acceptance and support
- cost and funding availability
- expectations for effectiveness
- interagency/organization cooperation

- availability of similar types of programs
- cultural relevance of program
- willingness of target population to participate in the program.

When you have eliminated those ideas that are inappropriate, one or two will probably stand out as the best match between the needs as you perceive them, staff experience and interest, and other factors that will influence your choice of a program strategy. Select the strategy that meets your criteria for selection.

C. Writing The Position Paper

At this juncture, the group has successfully completed the analysis necessary to reach a decision as to which type of prevention activity is best for a specific socio-cultural context. It is now time to test the ideas by writing a short paper that summarizes your needs assessment results and the proposed approach to eliminate or minimize the effects of the identified problem(s) including tentative goal statements, and client-centered and program centered objectives. Finally, this position paper should be shared with potential funding sources such as foundations, government agencies, social organizations, etc. Even if some are not interested in funding the program, you may get valuable feedback that will assist you in improving the concepts.

Share your position paper with the key participants in the needs assessment through group or individual meetings. You will get informed feedback and, in addition, you can create an important community and professional support base for fundraising and tapping other resources. In some racial/ethnic communities that are geographically separated (e.g., Indian reservations and some rural groups) this step is imperative if your program is to get off the ground.

It is also a good idea to test your idea with a sample of the target population before moving full steam ahead. A self-administered questionnaire or person-to-person interview will give you an indication of the level of interest and intent to participate in a particular type of alternative activity or program activity.

Having secured this feedback from possible funding sources, key participants, and a sample of the target population, you will be ready to generate program goals and objectives.

VII. GENERATING GOALS AND OBJECTIVES

It is a human tendency to avoid the tedium of establishing, ahead of time, where you are going and how you are going to get there. Most would rather fly by the seat of their pants and wait to see how things turn out. You may be inclined that way but the key to program development is to become aware of where you are headed, why, and how. Only when goals and objectives are clearly defined is it possible to evaluate progress or outcomes.

A. What is a Goal?

A goal is a statement of purpose, developed from an identified problem and expressed in terms of the expected program impact. It is in direct response to problems identified through the needs assessment process.

Any number of goals may arise from the general statement of purpose. For instance:

"to influence the attitudes of youth and adults in the Asian American community about drugs and the problem of drug use";

"to facilitate the social and psychological adjustment of Asian immigrant youth to the new culture."

Goals are generally global, broad statements that lead finally to objectives. You explain that you want to "change the world," and then proceed to say how you intend to do it.

B. What is an Objective?

An objective is, simply, "a statement of measureable results to be achieved." Several well-stated objectives are usually required to reach a single goal. When objectives are clearly defined, there is little doubt about exactly what will be done, how it will be measured, and when it will be accomplished.

Objectives must meet certain criteria.
They must be:

- Dated. The objectives (unlike the statement of purpose or goal) must be set within a time frame that indicates an end date by which it will be accomplished.
- Measurable. The objective must include indicators for knowing when and to what extent the objective has been accomplished.

- Indicative of an Acceptable Level of Achievement. The objective must state exactly how much of the desired result must be achieved to consider the effort successful (three out of four; 90%, etc.).

- Feasible and Attainable. There is little point in creating objectives that your problem identification process indicates are unlikely to be achieved.

  An example: 85% of all persons who participate in each phase of the program, between June 1 and August 30, will hold less accepting attitudes toward frequent or regular use of marijuana and other illicit drugs as measured by self-report, verbally and on a drug use survey questionnaire.

  After objectives for each goal have been established, the specific activities (see Booklet 3: Strategies) and tasks for achieving each objective are established. These are the how and what will be done statements. They are written as "program centered" or activity objectives. These tasks or activity objectives also must be dated, measurable, feasible, and must indicate an acceptable level of participation. They provide the basis for program monitoring or process evaluation.

VIII. SO WHAT?

This booklet briefly outlines some methods and approaches to program development (summarized in Figure 2) that are necessary for an effective program. But it is not exhaustive and the other booklets of this series, particularly Booklet 3: Strategies, and Booklet 4: Resources, also should be consulted.

So, what is the real purpose of all this work? It has been pointed out that the needs of a community, considered by many to be glaring and literally crying out for help, will not be met just because they exist. Systematic analysis, sufficient to sell the program and support it, is an absolute essential and is generally called "needs assessment." Remember that there are many other problems besides your own begging for solution and competing for the same money. Many of those other problems can be linked to drug abuse, so combining forces with other programs may result in the sharing of scarce resources. Your case, and your chance for the dollars to accomplish your purpose, will depend very heavily upon how you demonstrate and document your needs.

The needs assessment process is the cornerstone of your program. If it is stated strongly, you are well on your way to a successful program.

Figure 2: STEPS IN PROGRAM DEVELOPMENT

The following outline shows the essential tasks and steps in the program development model. Although the steps look neatly linear and sequential, with the addition of the "human factor," rest assured that the process will develop unanticipated wrinkles. This is an idealized outline for general guidance and for showing logical relationships of one group of tasks to another. The real world will certainly be different; the elements matter, not their neatness.

I. Analysis and Planning

A. Experience or be aware of problem at a personal and/or professional level.

B. Conduct Needs Assessment: Narrow and define the problem area.

1. Gather information about problem indicators, symptoms, and effects.

2. Group by similarity and analyze.

3. Establish baseline data about the problem area (description of the actual environmental or intrapersonal conditions.)

C. Describe or define the problem.

1. Describe the problem situation and its effects in behavioral terms. (what do people do? how do they act?)

2. Describe how the problem situation deviates from the ideal as defined in its own cultural context.

D. Propose (hypothesize) possible causes of the problem.

1. Environmental factors (human and non-human)

2. Individual/psychological factors

E. Select problem situations that best illustrate your organizational goals and objectives; personal or professional interests; and available resources.

F. Generate ideas of possible approaches to eliminate the problem or minimize its effects and define assumptions about each alternative.

1. Intervene at the individual level?

2. Intervene in family, community, institutions, reference groups?

G. Determine the factors that will be used to select the type of approach. Some factors to consider are:

1. Organization goals and objectives;

2. Availability of material and non-material resources;

3. Community acceptance and support;

4. Cost and availability of funding;

5. Expectations for effectiveness in the particular cultural context;

6. Interagency/organization cooperation;

7. Availability and success of similar types of programs;

8. Willingness of target population to participate in the activity.

H. Compare program factors against the ideas generated, and select the most acceptable program idea. Get outside help as you need it.

I. Generate tentative program goals and objectives.

J. Test feasibility and acceptability of program idea.

1. Develop a concept or position paper that includes the results of your needs assessment study and outlines systematically how you arrived at your tentative program goals and objectives.

2. Ask for feedback on your definition of the problem and proposed solution from possible funding sources, a sample of the target population, community leaders, community agencies, etc.

II. Generate Program Goals and Objectives.

A. Determine outcome objectives and intermediate objectives

B. Determine criteria or measurement standards (evaluation standards) and evaluation design.

III. Develop Program Implementation Plan: activities, tasks, steps.

A. Determine step by step how intermediate/enroute objectives will be achieved (generate ideas).

B. Determine who will do what, by when, under what conditions (job descriptions, milestones, division of labor, management plan and organization structure).

C. Develop written proposal/project plan.

D. Develop budget.

(NOTE: At this point you will have a complete proposal (See Booklet 5: Funding) with the exception of a statement about your personal, organization, or community group's prior experience and capability to conduct the proposed program.)

APPENDIX 1

NEEDS ASSESSMENT STUDY TASKS AND STEPS

The following provides an example of steps required in a needs assessment:

Example:

TASK A Conduct survey of 10 agencies that work with recent Vietnamese immigrants

STEPS 1 Identify agencies

2 Set up appointments and send letters

3 Develop questionnaire

4 Conduct interviews

5 Consolidate information and write report

The following page provides space for you to list the major actions that are necessary for you to carry out your needs assessment.

TASK A

STEPS 1

2

3

4

5

TASK B

STEPS 1

2

3

4

5

TASK C

STEPS 1

2

3

4

5

(TASKS D, E, F, ETC.)

QUESTION	TASK A	TASK B	TASK C	TASK D
What is going to be done?	e.g., conduct a face to face survey of ten agencies that work with the target population.	Review at least 5 relevant research studies or "state of the art" reports.		
Who is going to do it?	Sam Jones - Task Leader Susan Brown Jim Owens	Jim Owens - Task Leader Jane Sanchez		
When is it going to be done?	1. Questionnaire - May 30, 2. Interview schedule - June 1 3. Interviews - June 25 4. Report - June 28	Identify and obtain studies - June 1, Report - June 25,		
What will be the final outcome?	The following data from the agencies surveyed: 1. Client statistics. 2. Unmet needs. 3. Future program projections. 4. Etc.	Information about what's been done in the problem area and possible intervention strategies.		

APPENDIX 2

THE SOCIAL COMPASS

The Social Compass displayed in Exhibit 1 is a useful tool in 1) examining the present state of your community with regard to a variety of cultural, socic-economic and political realities and aspirations and 2) generating questions and problem statements. The process of examining realities and generating questions/problems is critical to the development of your needs assessment and program strategies.

By carefully assessing the cultural items in the Compass, for example, you can gain an in-depth picture of the present state of your ethnic community relative to its traditional modes of living. To what extent is your community changing and accommodating to Anglo values? To what extent is such change associated with conflict and its manifestations in your community (e.g., home-school value conflicts, drug abuse, etc.)? Is conflict inherent in change? How can your program intervene in a positive way?

Exhibit 1: A Community Social Compass

As a beginning exercise, you may want to investigate traditional values/world views of your group and compare to those which predominate among Anglo (or Western European) oriented urban groups. The following provides examples of some contrasting values and world views held by many tribal groups and urban groups.

tribally oriented	urban oriented
group or clan emphasis	individual emphasis
present-time emphasis	future-time emphasis
emphasis on age/wisdom	emphasis on youth
oneself as part of nature, emphasis on harmony with nature	oneself as existing separate from nature, emphasis on conquest of nature
emphasis on non-aggressiveness	aggressiveness
shame as a social control over behavior (viewing oneself in relation to group)	guilt as an internal control over behavior

This listing is by no means final; it does however, provide a "point of departure" from which you may begin to examine your own group.

The following pages define and describe in detail the components of the Social Compass. An exercise for assessing your own community is also provided as Appendix 3.

MULTICULTURAL CONSIDERATIONS IN PLANNING PREVENTION PROGRAMS

The CMA model for planning a multicultural prevention program is based on the premise that the key elements of such planning (needs assessment, resource development, goal setting and evaluation) must all reflect the distinctive qualities and characteristics of ethnic minorities. It is important for program planners and policy makers to bear in mind that ethnic minorities, because of our diverse cultural backgrounds and because of a common history of discrimination and neglect, present a special context for prevention strategies. The various components which have been identified as integral to that context are schematically displayed in the Multicultural Social Compass. Each component is described or defined to facilitate the use of the Social Compass in multicultural prevention planning.

Information - Education - Intervention - Alternatives

DEFINITIONS OF ELEMENTS

1. Values

Values are essentially "ideals of the desirable" which are held by individuals; many values are shared by most of the people in the community and th[illegible] form the basis for predictable patterns of behavior.

2. Norms

Norms are the standards of what is right or wrong, good or bad, appropriate or inappropriate in social life in the community. They form the "rules of the game" which indicate acceptable standards of conduct for every soc[illegible]l situation. Norms are specific recommendations for behavior derived, like goals, from the values and sentiments of the people. Norms are enforced by various forms of social pressure in the community.

3. Power, Leadership and Influence

Power describes the ability of one person to control others.

The leadership positions in a community range from formally elected offices to the informal leadership. Leadership involves the ability to help a group to make decisions and to act on them; it may include organizing people formally or informally. Remember that a leader is one who has followers - not all who act and sound like leaders actually have followers. Leadership capacity is indicated by the number and stability of a leader's following. Most leaders lead from in front; many other effective leaders prefer to lead from behind, quietly and almost unnoticed - don't overlook them!

Influence is the ability to affect the behavior of others, often without their being fully aware of it.

Note that while some people possess these capacities in most spheres of community life, others are effective in only one area; e.g., a man may be a power figure, a leader or influential in matters of agriculture, but not in social or political life.

4. Socio-Economic Status

Social rank describes the standing that a person or group has in the community. It may depend largely on one's family and inherited characteristics, or it may rest upon the individual's personal achievements. The factors which determine who "rates" depend a good deal on the values which predominate in the pattern being

considered.

5. Stability

Stability is the degree to which a community remains constant in terms of its institutions, its members, and even its location. The stability of a community often determines the methods that must be used to address social problems. Many social problems are directly related to the lack of stability in a community.

6. Sanctions

These are the rewards and punishments which induce an individual to retain the goals and norms of the group. They help to assure the preservation of the group and its way of life by encouraging support for its values and sentiments, positions and roles.

7. Family Ties

The family ties that are common in any given community may range from the percentage of children without parents, to the frequency of extended family ties where three or even four generations live in the same household. Family intervention is one important means of addressing behavior problems in youth.

8. History

History may be thought of as the "selective recording and interpretation of past elements." That is, you never learn about all of the previous activities in the life of a country or community; the causes and effects of past events are usually explained in one way or another.

In reviewing the history of the community, we are concerned with:

a. its official and more or less "objective" history as it may be given in public documents, etc., and

b. its traditions or folk history as recounted by its residents.

A preliminary study of the history of the community provides:

- background information needed to understand its present position and problems.
- a widely acceptable means to show your respect for its people and their way of life.
- an opportunity to meet a number of its key residents.
- many insights into conflicting values, factions, etc.

9. Physical Location

Physical location relates to the degree of isolation of a community. In many communities, isolation is a factor in determining many influential approaches to social problems. On one hand, an isolated community may not have a particular problem due to its isolation, but on the other hand, some problems that it does have can't be adequately addressed because of the lack of support services available to that community, due to its isolation.

10. Space Relations

Through this element we look at:

a. the internal social relations among and between groups in a community--social, religious, economic ties, housing, population density, and other contributing factors.

b. the external relations of the community with other communities in the vicinity and within the region.

c. the number and kinds of links that exist between this community and others through trade, marriage, etc.

11. Resources

The resources of a community are any aspects of its total environment which its people may use to meet their individual and shared needs. Such resources include the services available from government and private agencies. In assessing resources, the following subdivisions may be useful:

- human - the number of people and their capabilities, with allowances made for age, disease, malnutrition, etc.;
- man-made - such items as roads, communication media, etc.; and
- natural - land, water, minerals, forests, sources of energy, etc.

12. Knowledge and Beliefs

This element covers what is known and thought about the world, life in it, and is thus related to technology, the use of resources and goals.

In belief there is an aspect of personal conviction which is absent from mere knowledge. It is therefore easier to change knowledge, on the whole, than to affect belief. On the other hand, a program linked to people's beliefs has a firmer foundation than one which is based upon items of information which they know, but

do not particularly care about. Beliefs are linked with values and with sentiments.

13. Racial/Ethnic/Cultural Identification

Many communities are made up predominantly of one ethnic/racial group. These groups vary in the degree of their identification with the cultural and historical past. For some communities, traditions actually form the base for that community and much of the other aspects of life are built around those traditions. Strict compliance with the traditions is a major factor for those groups. For other communities in transition to adopting urban (or Anglo) values, cultural identification with the past is weakened. In some cases it is even scorned.

APPENDIX 3

EXERCISE IN ASSESSMENT USING THE SOCIAL COMPASS

INSTRUCTIONS FOR ADAPTING STATEMENTS TO YOUR COMMUNITIES

The statements listed in the exercise are based on the thirteen community elements in the Social Compass. You are instructed to ask yourself and others to what degree the statement describes or is applicable to your particular community.

Each statement has a five point scale, from +2 to -2. The statement as expressed should be considered +2. Zero is the point where the statement changes from positive to negative. -2 reflects the most extreme point which opposes the given statement. Circle the most appropriate number.

If the group feels that other statements would contribute significantly to the understanding of your community, you may add a few statements in each category.

Values

In this community, the people have high aspirations

+2 +1 0 -1 -2

In this community, generally, people place a very high value on formal education

+2 +1 0 -1 -2

In this community, people of all socio-economic levels and ages abide by commonly held values

+2 +1 0 -1 -2

Norms

This community has established norms for "good" conduct

+2 +1 0 -1 -2

In this community the established norms are generally well observed by the younger generation

+2 +1 0 -1 -2

In this community the number of youth violating community norms by injecting drugs is very low

+2 +1 0 -1 -2

In this community, the incidence of inhalant use by adolescents is very low

+2 +1 0 -1 -2

In this community, the incidence of alcohol abuse by young adolescents is very low

+2 +1 0 -1 -2

Power, Influence and Leadership

In this community very few people have a formal position of power and leadership

+2 +1 0 -1 -2

In this community very few people have actual positions of power and leadership

+2 +1 0 -1 -2

In this community, formal positions of leadership are elected positions

+2 +1 0 -1 -2

In this community, formal positions of leadership are inherited

+2 +1 0 -1 -2

In this community, those with the most formal education generally have the informal as well as the formal positions of power, influence and leadership

+2 +1 0 -1 -2

Socio-Economic Status

In this community, the mix of various socio-economic levels is very high

+2 +1 0 -1 -2

In this community, the possibility of moving up the socio-economic ladder is very good

+2 +1 0 -1 -2

In this community, good schools are available and they prepare individuals for upward mobility

+2 +1 0 -1 -2

Stability

This community is generally very stable

+2 +1 0 -1 -2

This community has a transient residential pattern, but this condition does not create problems

+2 +1 0 -1 -2

Family ties

In this community, the extended family ties are very strong

+2 +1 0 -1 -2

In this community, there are a very large number of single parent families

+2 +1 0 -1 -2

In this community, there is a very high respect for the elderly

+2 +1 0 -1 -2

History

This community has a very well developed written history

+2 +1 0 -1 -2

This community has a very well developed oral/folk history

+2 +1 0 -1 -2

Physical Location

This community is self-contained

+2 +1 0 -1 -2

This community is geographically isolated

+2 +1 0 -1 -2

Space Relations

This community is very over-crowded, because of inadequate space and housing available

+2 +1 0 -1 -2

Resources

In this community, most social services are paid for by its residents

+2 +1 0 -1 -2

In this community, the basic social services are available to its residents

+2 +1 0 -1 -2

In this community, large percentages of people with useful skills reside

+2 +1 0 -1 -2

Knowledge and Beliefs

In this community there is a very high degree of religious diversity

+2 +1 0 -1 -2

In this community people share a common perspective on most social issues, current events, etc.

+2 +1 0 -1 -2

Racial/Ethnic/Cultural Identification

This community is made up almost completely of a single racial/ethnic group

+2 +1 0 -1 -2

The individuals in this community generally have a strong positive feeling about being members of a particular racial/ethnic community

+2 +1 0 -1 -2

This community has very few problems with the dominant society as a result of language differences

+2 +1 0 -1 -2

This community strongly adheres to many customs and celebrations based on its ethnic traditions

+2 +1 0 -1 -2

Sanctions

This community has stringent sanctions against deviant behavior, such as drug abuse

+2 +1 0 -1 -2

The community's sanctions are considered important only by the older generation

+2 +1 0 -1 -2

APPENDIX 4

MODELS FOR QUESTIONNAIRE DESIGN

FORCED CHOICE QUESTIONS

Forced-choice questionnaires are often used to gather data. They give the respondent several options to choose from, but force a choice of one of them. This method has some obvious advantages over open-ended questionnaires, which ask questions such as, "How do you feel about ...."

Below are a number of possible uses for the forced-choice method of measurement.

Attitude measurement

The most common methods of attitude measurement use forced-choice options. Most are based on an attitude scale originally developed by R.A. Likert, called the Likert Scale. The following is an example:

School is exciting.

SA A U D SD

The respondent circles his response, which stands for, Strongly Agree, Agree, Undecided, Disagree, or Strongly Disagree. It is possible to quantify the response by assigning numerical values. For example, SA = 5, A = 4, U = 3, D = 2, SD = 1. There are two uses for such a quantification. The first is to get an average response to a particular item by group. The second is to measure change of attitude.

Likert-type scales can be modified and used in a variety of situations. Rather than using letters, some scales use the numbers themselves because they are less clumsy, more accurate. It is not uncommon to use a scale with as few as two or three and as many as seven possible responses, rather than a five-point scale. It is often desirable to measure attitude in terms of what an individual intends to do in certain situations. The method for these measurements is to provide a situation and allow the respondent to reply on a Likert-type scale. For example," If I know of a neighbor's child using drugs, I would report him/her to the police..."

full agreement 1 2 3 4 5 6 7 full disagreement

Appropriate instructions would be included to ensure that the

respondents understand how to respond accurately.

Sample instructions are included for this question; for example:

Circle the number on the scale that most accurately reflects your response to the above question. The number 1 indicates full and unhesitating agreement with the statement, and 7 indicates full and unhesitating disagreement with the statement. Approximate verbal equivalents would be "always" and "never". The midpoint is represented by the number 4, and would reflect no opinion in either direction. The other numbers represent degrees of agreement or disagreement. Another example of a question to measure behavioral intention:

"If a wilderness backpacking and camping club met Tuesdays and Thursdays, at 4 p.m., how frequently would you attend in a month?"

Values Measurement

Values measurement is not substantially different from the measurement of attitudes. There are some differences, however. Values tend to be personalized. In general:

> They are deeply internalized, beyond interest and appreciation.
>
> They precede and form the basis for behavior and behavior change.
>
> They can, if changed, lead to behavior change.

Some programs consider attitudes and values sufficiently powerful that they focus on the clarification or change of attitudes and values. They are thus used as indicators of success and, therefore, may be tested.

In addition to the methods used to test attitudes (discussed above), values are often tested on a semantic-differential scale. Semantic-differential scales, or their modifications, present concepts and allow respondents to rank the concept in a variety of ways. These scales can be used to gather information on individual values toward negative behavior. Here is an example of a semantic-differential scale.

APPENDIX 4 (Cont'd)

TEACHERS

1.	fast	_	_	_	X	_	_	_	slow
2.	good	X	_	_	_	_	_	_	bad
3.	passive	_	X	_	_	_	_	_	active
4.	small	_	_	_	X	_	_	_	large
5.	worthless	_	_	_	_	_	_	X	valuable
6.	strong	_	X	_	_	_	_	_	weak
7.	light	_	_	_	_	X	_	_	heavy
8.	helpful	X	_	_	_	_	_	_	not helpful
9.	moving	_	X	_	_	_	_	_	still

On this particular scale, the concept being tested is "teacher." This could be changed to almost any concept, such as "counselor," "methadone treatment," "Alcoholics Anonymous," etc. The word-pairs given would have to be carefully matched to the concept for relevance.

The word-pairs need to be validated both individually and as a set to ensure the accuracy of the measurement strategy. It is easy to construct word-pairs that don't provide the desired data. It is recommended that expert assistance be obtained in both constructing and scoring semantic-differential scales.

OPEN ENDED QUESTIONS

Two examples of this type of question include:

In what ways would training in self-hypnosis be helpful to you?

_____

_____

_____

What is your favorite day dream?

APPENDIX 5

THE NOMINAL GROUP TECHNIQUE

FOR PROBLEM IDENTIFICATION AND PROGRAM PLANNING

The nominal group or Delbecq technique* has been demonstrated to be an effective method for eliciting many different and creative ideas from a group while insuring all an opportunity to participate. In the Delbecq technique, questions are posed to the group. The questions could take a variety of forms but they should be based on information that is relevant to your area of investigation. The participants may be asked to give their views on drug use in the community, to identify what community or personal conditions lead to the problem, to identify their own needs, or those they perceive for others in the community, or to identify where planners ought to intervene in order to alleviate some of the problems.

Each member then writes down his/her responses during a silent period of 10 to 15 minutes. The silent time is followed by a period in which, in round-robin fashion, ideas are shared with the group and recorded on large sheets of paper which are hung around the room. During the round-robin, participants are asked to refrain from making comments or discussing any of the ideas.

Once the round-robin is completed, a discussion period follows in which participants are free to comment on, or argue about, any of the ideas presented. During this discussion, they may add new ideas to the list, eliminate, combine, or cluster other ideas. After the ideas have been discussed so that all participants understand what they are and why they were offered, the group is asked to choose the most important ideas. Each person selects five (or ten) ideas which she/he thinks are most important, and then ranks them. When the votes are tallied, the result ranks the ideas according to importance. In terms of needs assessment, individuals may be asked to rank those identified problems which affect them most, or those which are most critical for intervention, etc.

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